



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

INDEPENDENT/POLITICAL
COMMITTEE COVER PAGE

Report must be legible, typed or printed in ink and signed
by the treasurer or designated record keeper

08 MAY 19 PM 2:08 FOR OFFICIAL USE ONLY

1. Committee I.D. Number <div style="font-size: 2em; font-family: cursive;">138023</div>		3. This Statement covers From <u>2-11-08</u> To <u>4-20-08</u> 4. Committee's Mailing Address <div style="font-size: 1.2em; font-family: cursive;">18905 England Dr. Macomb, MI 48042</div> Area Code and Phone <u>(586) 203-8633</u> <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>																			
2. Committee Name <div style="font-size: 1.2em; font-family: cursive;">Protect Our Future Macomb</div>		5. Treasurer's Name and Residential Address <div style="font-size: 1.2em; font-family: cursive;">Nathan Hlain 18905 England Dr. Macomb, MI 48042</div> Area Code and Phone <u>(586) 203-8633</u>																			
6. Treasurer's Business Address Area Code and Phone _____		7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) Area Code and Phone _____																			
8. TYPE OF STATEMENT: APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>STATE LEVEL</u> 8a. <u>TRIANNUAL STATEMENTS</u> <table style="width:100%;"> <tr> <th style="text-align: left;">Even Year</th> <th style="text-align: left;">Odd Year</th> </tr> <tr> <td><input checked="" type="checkbox"/> April 25</td> <td><input type="checkbox"/> January 31</td> </tr> <tr> <td><input type="checkbox"/> July 25</td> <td><input type="checkbox"/> July 25</td> </tr> <tr> <td><input type="checkbox"/> October 25</td> <td><input type="checkbox"/> October 25</td> </tr> </table> 8b. <u>QUARTERLY STATEMENTS</u> CAUCUS COMMITTEES (ONLY) <table style="width:100%;"> <tr> <td><input type="checkbox"/> January 31</td> <td><input type="checkbox"/> April 25</td> </tr> <tr> <td><input type="checkbox"/> July 25</td> <td><input type="checkbox"/> October 25</td> </tr> </table> 8c. <input type="checkbox"/> SPECIAL ELECTION INDEPENDENT EXPENDITURE REPORT		Even Year	Odd Year	<input checked="" type="checkbox"/> April 25	<input type="checkbox"/> January 31	<input type="checkbox"/> July 25	<input type="checkbox"/> July 25	<input type="checkbox"/> October 25	<input type="checkbox"/> October 25	<input type="checkbox"/> January 31	<input type="checkbox"/> April 25	<input type="checkbox"/> July 25	<input type="checkbox"/> October 25	APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>COUNTY LEVEL</u> 8d. <input type="checkbox"/> ANNUAL STATEMENT (_____ Coverage Year) 8e. <input checked="" type="checkbox"/> PRE-ELECTION OR 8f. <input type="checkbox"/> POST-ELECTION Pre-Election or Post-Election Statement relates to: <table style="width:100%;"> <tr> <td><input type="checkbox"/> PRIMARY</td> <td><input type="checkbox"/> GENERAL</td> </tr> <tr> <td><input type="checkbox"/> CONVENTION</td> <td><input type="checkbox"/> SCHOOL</td> </tr> <tr> <td><input type="checkbox"/> SPECIAL</td> <td><input type="checkbox"/> CAUCUS</td> </tr> </table> Date of Election, Convention or Caucus: _____		<input type="checkbox"/> PRIMARY	<input type="checkbox"/> GENERAL	<input type="checkbox"/> CONVENTION	<input type="checkbox"/> SCHOOL	<input type="checkbox"/> SPECIAL	<input type="checkbox"/> CAUCUS
Even Year	Odd Year																				
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<input type="checkbox"/> SPECIAL	<input type="checkbox"/> CAUCUS																				
APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>STATE AND COUNTY LEVEL</u> 8g. <input checked="" type="checkbox"/> AMENDMENT TO CAMPAIGN STATEMENT <small>(Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h to indicate which Statement is being amended)</small> 8h. <input type="checkbox"/> DISSOLUTION OF COMMITTEE Effective Date of Dissolution _____ <small>By checking this item, I/We certify that the committee has no asset or outstanding debts, including late filing fees. Further, I request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</small> <small>Note: The disposition of residual funds must be reported on Schedule 2B and the Summary Page.</small>		A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6 or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.																			
9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.																					
Current Treasurer or Designated Record Keeper <u>NATHAN HLAIVIN</u>		Type or Print Name <u>NH</u> Signature <u>NH</u> Date <u>5/19/08</u>																			



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 138023
2. Committee Name Protect Our Future Macomb

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution #1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 3-4-08

Name & Address:

Vosbueg, Kathy D.
47395 Sugarbush Rd
Chestersfield, MI 48047

\$ 20⁰⁰

\$ _____

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Click Here for Memo Itemization Type

3. Contribution #2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 3-27-08

Name & Address:

Benget, Keith
34080 Armada Rd.
Richmond, MI 48062

\$ 100⁰⁰

\$ 300⁰⁰

5. If over \$100.00 cumulative, please provide:

Occupation County Commissioner Employer County of Macomb

Business Address One South Main St Mt. Clemens MI

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Click Here for Memo Itemization Type

3. Contribution #3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt _____

Name & Address:

TAX FIGHTER
34080 ARMADA RD
27765 MORAN
RYAN HONDA MI 48062
HARRISON TWP MI 48042

\$ 127.05

\$ _____

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Click Here for Memo Itemization Type

3. Contribution #4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 4-08-08

Name & Address:

Babin, Ronald
3511 Dobbin Dr.
Steeling Hgts, MI 48310

\$ 50⁰⁰

\$ _____

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Click Here for Memo Itemization Type

Page Subtotal

297.05

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 138023
2. Committee Name Protect Our Future Macomb

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution #1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 4-8-08

Name & Address:

Kummer, Fred
37328 Dundee Dr.
Steeling Hgts, MI 48310

\$ 50⁰⁰

\$ _____

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 4-15-08

Name & Address:

Szczepowski, Ed
4057 Beadford
Shelby Twp, MI 48317

\$ 100⁰⁰

\$ _____

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt _____

Name & Address:

\$ _____

\$ _____

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt _____

Name & Address:

\$ _____

\$ _____

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

150⁰⁰

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

1472.50

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 138023
2. Committee Name _____

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: M & B GRAPHICS 67353 S. MAIN ST RICHMOND MI 48062 4. Purpose: <u>INFORMATION CARDS</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate Office Sought & District # or Jurisdiction <u>MACOMB</u> County <u>MACOMB COUNTY CHARTER</u> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>2/26/08</u> Date	\$ <u>53.60</u> \$ _____	Click Here for Memo Itemization Type
Expenditure #2 Name & Address: MACOMB COUNTY CLERK 40 NORTH MAIN ST MT CLEMENS, MI 48043 4. Purpose: <u>VOTER LIST</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate Office Sought & District # or Jurisdiction <u>MACOMB</u> County <u>MACOMB COUNTY CHARTER</u> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>2/26/08</u> Date	\$ <u>4.55</u> \$ _____	Click Here for Memo Itemization Type
Expenditure #3 Name & Address: HAMLIN PUB 48929 HAYES RD SHELBY TWP, MI 48315 4. Purpose: <u>FUNDRAISER</u> <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate Office Sought & District # or Jurisdiction <u>MACOMB</u> County <u>MACOMB COUNTY CHARTER</u> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>3/15/08</u> Date	\$ <u>300</u> \$ _____	Click Here for Memo Itemization Type
Expenditure #4 Name & Address: 4. Purpose: _____ <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate Office Sought & District # or Jurisdiction County Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	 Date	\$ _____ \$ _____	Click Here for Memo Itemization Type

Subtotal this page

358.15

Grand Total of all Schedules 2B
(Complete on last page of Schedule)

358.15

Enter this total
on line 8a of the
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FUND RAISER SCHEDULE 2F
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 138023
2. Committee Name PROTECT OUR FUTURE MACOMB

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>3/15/08</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>12</u>	5. Type of Fund Raising Activity 	6. Address and Name (If any) of the place where the activity was held <u>HARLIN PUB</u> <u>48929 HAWES RD</u> <u>SHELBY TWP, MI 48315</u> <input type="checkbox"/> Private Residence
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7. Total Contributions 700

8. Other Receipts 0

9. Gross Receipts (Add lines 7 and 8) 700

10. Total Cost of Event 300

*Includes In-Kind Contributions and All
Expenditures Made For the Event

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Direct Contributions Schedule (2A), Itemized In-Kind Contributions Schedule (2-IK), Itemized Expenditures Schedule (2B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.